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HEADQUARTERS

UNITED STATES ARMY FORCES IN THE FAR EAST
OFFICE OF THE THEATER SURGEON

CIRCULAR LETTER NO. 5

APO 501

14 January 1945

SICK AND WOUNDED REPORT, CLINICAL RECORDS AND DISPOSITION OF MEDICAL RECORDS.

1. CENTRAL MEDICAL RECORDS OFFICE, for reports, records and statistics of the Medical Department in the Southwest Pacific Area, is located in the Office of the Chief Surgeon, Hq. USASOS, APO 707. The following instructions are prepared in accordance with letter, this headquarters, subject: Medical Department Reports, file PEM 321, 2 August 1944.

2. MAJOR COMMANDS as used in the following paragraphs will be interpreted to mean: Sixth Army, Eighth Army, Far East Air Force, USASOS Bases, Base Section, USASOS, 14th Antiaircraft Command, Replacement Command USAFFE, and separate corps, brigades or units.

3. THE SICK AND WOUNDED REPORT (MD Forms 51, 52b, c and d) will be prepared in accordance with AR 40-1025, 12 October 1940 and succeeding changes, War Department Circular 458, 2 December 1944, and "standard Terms for Diagnoses" handbook, Office of the Chief Surgeon, Hq. USASOS, with the following adaptations essential to this theater.

a. Submission and channels. The Sick and Wounded Report (Form 51) will be prepared in triplicate. The original and one copy will be forwarded through medical channels to Central Medical Records Office. One copy will be retained for unit file. The Form 51 will be forwarded, wrapped around the Emergency Medical Tags of each reporting unit. The Hospital Form 51 will be forwarded in the same package with the Field Medical Records. The package will be securely wrapped and tied so as to arrive at Central Medical Records Office intact. Major Commands will forward Sick and Wounded Reports direct to Central Medical Records Office.

b. Action by intermediate surgeons. In accordance with paragraph 56, AR 40-1025, the Surgeons of Major Commands will promptly subject the Report Form 51, emergency medical tags and field medical records to a critical examination for completeness and accuracy. The diagnosis will be recorded in accordance with "standard Terms for Diagnoses" handbook, Office of the Chief Surgeon, Hq. USASOS. The most frequent errors are failure to record how, when and where for each injury, line of duty for each diagnosis and disposition date from quarters of hospital to duty. Medical officers will sign Forms 52c and emergency medical tags (except in certain cases resulting in death in which signature of a medical officer is impracticable, the emergency medical tag will then be prepared by a member of the burial party or a member of the medical department who examines the remains).

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c. Final, corrected and initial reports. The Sick and Wounded Report (Form 51) when rendered should be properly designated according to phase of organizational activity, purpose or time interval; viz.: INITIAL REPORT: CORRECTED REPORT: FINAL REPORT. The type of report applicable will be shown by typing in the correct title immediately below the heading "Report Sheet" on Form 51.

- (1) Initial reports will be rendered by each new unit immediately upon arrival or activation in the Southwest Pacific Area, and by each unit upon change of command from one to another of the Major Commands.
- (2) Final reports will be rendered by units being inactivated or departing from the Southwest Pacific Area, and by each unit upon change of command from one to another of the Major Commands.
- (3) Negative reports will be rendered while units are staging.

d. Duplicate Emergency Medical Tags will be submitted only on cases sent to hospital. Duplicate Emergency Medical Tags will not be submitted on cases treated in quarters, deaths, or 'Carded for Record Only'.

e. Geographical Locations. In accordance with T.B. Med 7, "The first hospital initiating a field medical record will show the geographical name of the place where the individual first became a noneffective due to current injury or illness. Any hospital receiving a patient whose record does not already clearly show geographical location where he was injured or became ill, will ascertain such location and place its name in the individual record."

f. Use of Forms 52c and d by Portable Surgical Hospitals. The preparation of Forms 52c and d by Portable Surgical Hospitals, Clearing and Collecting Companies and other similar medical units functioning as hospitals will be left to the discretion of the Commanding Officers of such installations. When the military situation permits, it is desired that field medical records be prepared on all hospitalized patients. When Form 52c is not used the supplemental record on the back of the Emergency Medical Tag will serve the purpose of Form 52c.

g. Disposition of records of completed cases. The record of each case completed by return to duty, AWOL, or by death will be forwarded with the next monthly Report of Sick and Wounded. Absence without leave for more than 10 days is final disposition of the case and the field medical record will be completed accordingly. If the determination of line of duty is still pending upon completion of a case and at the close of the report period, the line of duty will be shown as "LD: Undetermined, pending investigation" and the field medical record will be forwarded with the monthly Report of Sick and Wounded. When the line of duty has been determined, a "Correction Card" will be prepared in accordance with Par. 62b (2) AR 40-1025 and will be forwarded to Central Medical Records Office by letter of transmittal. The diagnosis will be recorded on the field medical jacket (Form 52d).

h. Responsibility for reporting line of duty. It is the responsi-

bility of the senior medical officer of the medical installation where the reported condition originated to supply the final statement on line of duty. In cases of transfer, when determination of line of duty is dependent upon facilities not available to the officer where the condition occurred, the responsible officer of the receiving medical installation will make the final decision as to the line of duty. The receiving medical installation will inform the medical installation, which instituted the transfer, of the decision.

i. Line of duty of civilians. Line of Duty will be recorded for civilian employees of the United States Government or allied Governments. The medical officer treating the case will enter the opinion of the civilian's immediate superior and his own on the Medical Record of the patient. In the event of disagreement, the reason therefor will be included in the medical officer's entry. The opinions will be made as to whether the disease or injury was or was not incurred as a result of or in the course of employment.

j. Syphilis diagnosis. The syphilis register will be forwarded to the hospital with each patient, when a diagnosis of syphilis has been made, so that treatment can be continued and medical records properly prepared. The current diagnosis should be recorded and the fact that the case is a readmission indicated in parentheses by stating it to be "Old", giving the full description of the original disease, including date and place of original registration. A statement showing the condition on admission will be added. Example:

Diagnosis: Syphilis, early latent, blood serology negative, treatment discontinued, ("Old" syphilis primary, manifested by ulcer on penis and demonstration of T. pallidum, 19 Station Hosp., APO 864, 13 Jan. 1944, Syphilis Register). Condition on admission: Admitted for spinal fluid analysis.

Line of Duty: Yes.

Operation: 5 Jan. 1945 - spinal puncture.

Lab. findings: Spinal fluid analysis negative.

- (1) The complete laboratory findings will be recorded in the Syphilis Register.
- (2) In accordance with Circular 458, 2 December 1944, venereal disease will not be considered to have been incurred through misconduct, unless the individual involved has failed to comply with the existing Army Regulations requiring him to report and receive treatment for such disease. If the individual contracted the disease while in the service the line of duty will be recorded "LD: "Yes". If the individual contracted the venereal disease prior to his entrance into the service, the line of duty will be recorded "LD: No. EPTS", provided the disease was not aggravated by the service. If an individual has failed to comply with existing Army Regulations requiring him to report and receive treatment for venereal disease, the line of duty will be recorded "LD: No. 47 107".

k. Alcoholism and drug addiction. AR 35-1440 prohibits pay, as distinguished from allowances, to any person in the military or naval service for the period of absence from duty in excess of 24 hours if the absence is due to disease as distinguished from injury resulting from his own intemperate use of drugs or alcoholic liquors. When a patient is hospitalized for two or more disabilities one of which comes within the purview of AR 35-1440, the major disability determines his pay status. In such cases if the need for hospitalization for the major disability ceases and the patient remains in hospital for treatment of the less condition, the date of cessation of treatment for the major condition is the date of the change in the pay status of the patient.

Example:

A soldier while intoxicated fell over a tree stump and fractured his right arm. Upon admission 10 December 1944, he was very obstreperous. He recovers from the alcoholism in 48 hours but remains in the hospital for five weeks as a result of the fracture.

Diagnosis:

1. Alcoholism acute. Cured 12 December 1944.
2. Fracture, simple, complete, distal third right radius a.i. while intoxicated patient fell over tree stump, striking his right hand on a rock, 10 December 1944 at F Co., 2nd Bn. 128th Inf., Hollandia, New Guinea.

Line of Duty:

1. No. AR 35-1440 from Dec. to 12 Dec.
2. No. AW 107.

The same example is repeated except that the fracture is the primary cause of admission and the patient is not obstreperous. Since the acute alcoholism is not the cause of admission, loss of pay is not involved.

Diagnosis:

1. Fracture, simple, complete, distal third right radius a.i. while intoxicated patient fell over tree stump, striking his right hand on a rock, 10 December 1944, at F Co., 2nd Bn., 128th Inf., Hollandia, New Guinea.
2. Alcoholism acute. Cured 12 December 1944.

Line of Duty:

1. No. AW 107.
2. No. (AR 35-1440 does not apply).

1. Notation of award of Purple Heart. USAFFE Regulations 10-50 27 May 1944, requires that, "Notation of award of Purple Heart or the Oak-Leaf Cluster will be made under heading 'Supplemental Record' on the back of the Emergency Medical Tag, as follows: "Purple Heart awarded Par. _____, General Orders _____, Headquarters _____, dated _____, Medal Number _____, presented."

m. WIA and IIA recorded on Forms 52c and d. WIA (Wounded in Action) or IIA (Injured in Action) will be printed in large red letters on MD Forms 52c and d for each battle casualty admitted to the hospital.

n. Inclosures by Red Cross workers. Red Cross personnel assigned to the United States Army Hospitals are authorized to insert into the Field Medical Jacket (Form 52d) of patients being transferred or evacuated, such essential memoranda, addressed to "American Red Cross Assistant Field Director" as pertains directly to the patient's welfare. This memoranda is subject to the existing censorship regulations.

o. Navy or Marine personnel. When navy or marine personnel are transferred to a navy hospital, all clinical records, x-rays, and Field Medical Record (Forms 52b, c, and d) will accompany the patient. When navy or marine personnel are returned to duty, the field medical record will be sent to the nearest Navy Medical installation.

p. Australian personnel in U.S. Army Hospitals. United States Army Hospitals transferring Australian personnel to an Australian Army Medical Unit will forward with the patient all clinical records (a true copy of the Form 52c), x-rays, laboratory reports, etc., pertaining to the case. United States Army Hospitals discharging Australian personnel to duty will forward the records indicated above to the appropriate L of C Area Records Office. In either event, the original Form 52c will be forwarded to Central Medical Records Office with the next Sick and Wounded Report. Disposition on Form 52c will be shown as "Transfer to _____ Australian Army Hospital" in the former case, and "Duty" in the latter case.

- (1) Australian personnel seriously ill, dangerously ill or in case of death, a radiogram will be sent to the nearest L of C Area Records Office, the addresses of which are as follows:

Queensland - Warwick, Queensland.
 New South Wales * R.A.S. Showground, Sydney.
 Victoria - 252 Swanston Street, Melbourne.
 South Australia - Centennial Hall, Wayville.
 Western Australia - Box P. 1246, G.P.O. Perth.
 Tasmania - Newton Park, Newton.
 Northern Territory - Centennial Hall, Wayville, S. Aust.
 New Guinea - Warwick, Queensland.

q. American Red Cross. When a member of the American Red Cross is discharged from an Army hospital, all clinical records and medical data will be forwarded through medical channels to the Medical Director, American National Red Cross, Washington, D.C. When medical data are forwarded from an installation, a record will be made of the disposition.

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r. Relationship of medical records to patient. The clinical or field medical record will when practicable be kept on the ward surgeon's or nurse's desk, rather than tied to the foot of each patient's bed. On transfer of the patient from one hospital to another all medical records will be carried safe-hand, and will not be in possession of the patient.

s. Evacuation of patients to General Hospitals. "G.H." will be printed in large red letters just above the patient's name on the face of the Field Medical Jacket (Form 52d) on all patients to be evacuated to general hospitals.

t. Emergency medical tag used as a death tag. The emergency medical tag will be prepared for each case resulting in death. The completed Emergency Medical Tag, with all pertinent data pertaining to the death will accompany each cadaver upon disposition to the Quartermaster. The Emergency Medical Tag will be removed from the body before interment is made, and will be forwarded through channels to Central Medical Records Office.

u. Field Medical Record is essentially an administrative report, supplying a brief consecutive record of each patient, and will be fully and accurately completed for each case. It cannot be used as a clinical history, for this would result in all the available space being used and none left for recording the basic data for which the record is intended.

4. CLINICAL RECORDS. Although clinical records (WD MD Forms 55 Series) are not required by the War Department in a theater of operations, an adequate clinical history is essential for accurate diagnosis, efficient treatment and to provide information of value in adjusting claims against the government. An abbreviated clinical record is herewith authorized. The degree of detail desirable in a clinical record depends on the seriousness and complexity of a case, rather than on the length of hospitalization. Form 55 A-1 provides on a single sheet a satisfactory record for the majority of cases. This form provides for recording a brief history, positive physical findings, diagnosis, progress notes and a space for TPR, medication, laboratory and x-ray reports. The following laboratory slips: blood (55L-1), urinalysis (55L-5), feces (55L-9) and miscellaneous (55L-15), and x-ray slip (55K-2), will suffice for all examinations. For cases requiring additional notes, either because of duration or complications, MD Forms 55C-2 (Special examination or additional data) may be added. The use of temperature charts (55H-2) should be confined to cases where graph of temperature is necessary for the study and treatment. Additional nurses' notes, if required, may be entered on the back of this form.

a. WD MD Forms 55 Series will not be routinely used. Whenever a more extensive clinical record is required for a special or particular case, hospitals will initiate and use only the minimum number of forms of the 55 Series consistent with efficiency. One or more of the following forms will provide for the maximum needs even of general hospitals for a special or particular case:

55A	Clinical record, brief.
55A-1	Clinical record, brief, abbreviated.
55B	Clinical record, chief complaint history.
55C-1	Clinical record, physical examination

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55C-2 Clinical record, special examination or additional data.
55D Clinical record, initial summary, working diagnosis, final summary.
55E-1 Clinical record, consultation request and report.
55E-4 Clinical record, dental examination.
55E-5 Clinical record, dental record.
55H-1 Clinical record, temperature, treatment, nurses' notes.
55H-2 Clinical record, temperature, graphic chart.
55K-2 Clinical record, radiologic report.
55L Clinical record, laboratory reports.
55M Clinical record, pathological examination of tissue.
55N Clinical record, physiotherapy record.
55O-2 Clinical record, operation report.

b. It is not desired that detailed histories and voluminous records be developed. Psychiatric cases require that a somewhat detailed history and an examination be initiated by the original hospital to establish the diagnosis and to facilitate suitable recommendations for disposition upon arrival in the final treatment hospital at which time the early manifestations are frequently no longer evident.

c. Transfer of clinical records. When a case is transferred from one hospital to another, all clinical records and x-rays will accompany him. The clinical record will be folded and enclosed in the Field Medical Jacket. Under no circumstances will records of a psychiatric case be entrusted to the patient. The receiving hospital will whenever possible, make additional entries on the record already started, instead of instituting a new one.

d. Evacuation to the United States. When a patient is evacuated to the United States, a detailed history, including psychiatric history where indicated, on 55 series forms and all x-ray films, will accompany him in addition to the Field Medical Record.

e. First Training Center. When a patient has completed his stay in the hospital, and is sent to First Training Center, Replacement Command for rehabilitation, the Field Medical Record will be closed and forwarded with the succeeding Report of Sick and Wounded of the disposing hospital. The clinical record will not be enclosed in the Field Medical Record, but will be forwarded to the U.S. Army Hospital, First Training Center, Replacement Command, APO 503. When the clinical record becomes of no further value in the rehabilitation of the patient, it will be disposed of in accordance with Par. 5a below, at the discretion of the Commanding Officer of the First Training Center Hospital.

f. Clinical Follow Up Reports on Patients. Medical officers in forward installations have repeatedly requested information on final diagnosis, treatment and disposition of particular patients who have been evacuated to other hospitals. Such information is of value in maintaining professional interest and standards, improving early diagnosis, and developing more selective evacuation.

- (1) To provide this information where desired, MDNS-20 cards are provided (by medical supply) which may be enclosed in 52d (Field Medical Jacket) with 52c (Field Medical Record). The medical officer desiring follow up will self address the MDNS-20 card and fill but the upper half of the reverse side.
- (2) The medical officer in charge of the patient at the hospital making final disposition in this theater will complete the card, and return to the sender. Since this is a professional courtesy, it is urged that medical officers do not initiate cards routinely or unnecessarily, but only where follow up is actually desired, and that when cards are received, medical officers be scrupulous in completing them.

5. DISPOSITION OF CLINICAL RECORDS AND X-RAYS. When a patient is returned to duty other than to the First Training Center, Replacement Command, the clinical record will be folded and placed in the Field Medical Jacket and forwarded with the next succeeding Report of Sick and Wounded. Any or all of the clinical record may be abstracted by a medical officer desiring to study a series of cases or for use in preparing articles for medical publication.

a. Clinical Records which have accumulated in the various hospitals will no longer be shipped to Central Records Storage, AFO 923, when hospitals is closed or moved, but will be packed in boxes, arranged in sequence, identified, as provided in Par. 2, Circular No. 272, War Department 1944, and shipped to Demobilized Personnel Records Branch, AGO, 209 South Main Street, High Point, North Carolina. In addition, a listing of records shipped, as required by Par. 2a (2) (c) Circular No. 272, will be promptly mailed to that branch. The 52a card index will not be forwarded with the clinical records but will be retained until the hospital is disbanded, at which time they will be forwarded as above.

b. Administrative Hospital Records other than clinical records will be reduced through the elimination of nonrecord material, as defined in Par. 3b, AR 345-10, and records authorized for disposal (War Department, Pamphlet 12-5, "Records Administration - Disposition of Records") will, at the discretion of the commanding officer be boxed and shipped to Organization Records Branch, AGO, Savannah LSF Depot, Savannah, Georgia. In addition, a listing of records shipped in duplicate, as required by Par. 2c (2) will be promptly mailed to that branch.

c. Exposed x-ray films will be disposed of in accordance with the provisions of Circular No. 147, War Department, 1944. Films will not be stored among the clinical records or the administrative hospital records. Films to be salvaged will be sent to the nearest Quartermaster Salvage Depot.

s/ Guy B. Denit
t/ GUY B. DENIT
Brigadier General, U.S. Army
Theater Surgeon

Distribution:

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